

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

COPY

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

216178

TRANSPORTATION COVER SHEET

Posted: lodDept: S.A-10RS

DOCKET

Date: 4/8/09NUMBER: 2009-151-TTime: 10:45

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Malzone RussellTelephone: 843-226-0186Address: dba Basic MovingFax: None269 1st Street

Other:

Estill, SC 29918Email: Malzone Russell@aol.commail Po Box 10, Ridgeland, SC 29936

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application -- Class C Taxi
- ☐ Application -- Class C Charter
- ☐ Application -- Class C Charter Bus
- ☐ Application -- Class C Non-Emergency
- ☒ Application -- Class E Household Goods
- ☐ Application -- Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

MAR 13 2009

PSC SC
DOCKETING DEPT.

RECEIVED

APR 07 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

935

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE March 8, 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Basic Moving Malzone Russell dba

2. (a) Street Address of Applicant 269 1st Street, Estill, SC 29918

(b) Mailing address, if different from street address PO Box 10,
Ridgeland, SC 29936

(c) Telephone Number 843-226-0186

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.) N/A

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

N/A

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. _____
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only ☒ (b) Interstate Only _____
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state?
Yes _____ No ☒ (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes _____ No ☒ (Check one).
If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No ☒ (Check one).
If yes, list dates and reason for revocation below.

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: MARCH Year: 2009

Assets:	
Cash	\$ 8,000.00
Receivables	0.00
Real Estate	0.00
Buildings and Equipment-Net	0.00
Motor Vehicles-Net	\$ 22,000.00
Garage Equipment-Net	0.00
Machinery and Tools-Net	0.00
Supplies on Hand	\$ 1,000.00
Prepays and Other Assets	0.00
Total Assets	\$31,000.00
Liabilities and Equity:	
Accounts Payable	0.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	0

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Jasper

I, Malzone Russell
(Name of Applicant's Representative)

Sole Proprietor
Owner/self
(Title)

of Malzone Russell, the Applicant for the Certificate of Public Convenience and Necessity as
(Applicant)

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 31st day of March 20 09

Debra J. Ferdeau
(Notary Public)

Malzone Russell
(Signature of Applicant's Representative)

Commission Expires: February 25, 2013

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Malzone M. Russell dba Basic Moving
(APPLICANT)
269 1st Street, Estill, SC 29918
(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

Labor & Equipment Rate:

- 1 Manpower = \$25 hr
- 1 TRUCK = \$25 hr
(1100 Ft³) SPACE
- Mileage (Transportation) from load point to unload point
= \$1 per mile

Claims: Completed within 30 days for payment to damaged or stolen property. The necessary cost, at local prices, to repair or replace damaged parts or property with like material or like kind and quality or the limit of \$10,000.00 insurance

- One time business fee of \$100.00 per job.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Post Office Drawer 11649
Columbia, South Carolina 29211

Malzone M. Russell dba Basic Moving
(Name)

269 1st Street, Estill, Sc 29918
(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

Beaufort, Jasper and Hampton

Date: 3/9/09

Malzone M. Russell
(Applicant)
self
By
Owner
Title

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
GMC	94 CTV CUT	1GDHG31K2RF524871	3300 lbs	3300 lbs
GMC	Van 1993	1GDTJH32K9P3501356	3300 lbs	3300 lbs
FRONTIER cargo, inc	Enclosed 06	5SWBC141461001337	1500 lbs	1400 lbs

- Seats if passenger carrier or tonnage if freight carrier.

Date:

3-9-09

Malzone M. Russell

(Applicant)

self

(Applicant's Representative)

Owner

(Title)

INSURANCE QUOTE

The following insurance quote is for:

Malzone M. Russell, DBA BASIC MOVING
(Name of Motor Carrier)
PO Box 10, Ridgeland, SC 29936
(Address of Motor Carrier)

Amount of Premium:

Limits Quoted (See Below):

Liability Insurance \$ 500,000 Limits _____

Cargo Insurance \$ 10,000 Limits _____

* Attach Certificate of Insurance if available.

Auto-Owners Ins. Co.
(Insurance Company Name)
6101 Anacapi Blvd., Lansing, MI 48917-3999
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-2-09 Diana P. Smith
Date (Authorized Insurance Company Representative)

*** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website (regulatorystaff.sc.gov).

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID DS RUSSMA1	DATE (MM/DD/YYYY) 04/02/09
PRODUCER Ellis Realty & Insurance Agcy 701 First St W Hampton SC 29924 Phone: 803-943-2911 Fax: 803-943-3777		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Malzone Russell PO Box 10 Ridgeland SC 29936		INSURERS AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 18988

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	4700723700	10/13/08	10/13/09	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Equipment Floater (Motor Cargo)	36007237-08	10/13/08	10/13/09	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 2006 ENCLOSURE C 55WBC141461001337 1994 GMC VANDURA 1GDHG31K2RF524871 1993 GMC VAN 1GDJH32K9P3501356						

CERTIFICATE HOLDER

CANCELLATION

The Public Service Commission State of South Carolina PO Drawer 11649 Columbia SC 29211	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE William C Hudson, Jr., CIC
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

EXHIBIT FWA

Name: Malzone Russell dba Basic Moving
Address: 269 1st Street, Est. 11, SC 29918
Telephone No. 843-226-0186 **Fax No.** None
U.S.D.O.T. No. N/A **ICC No.** N/A

1. Does Applicant have a Safety Rating from the U.S.D.O.T.? N/A
Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No ☒
3. Are there currently any outstanding judgement(s) against Applicant?
Yes _____ No ☒
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes ☒ No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes ☒ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Malzone M. Russell
(Applicant's Signature)

Sworn to before me

This 9th day of March, 2009

Debra J. Zeideau
(Notary Public)

Commission Expires: February 25, 2013

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Mahone M. Russell dba Basic Moving
(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

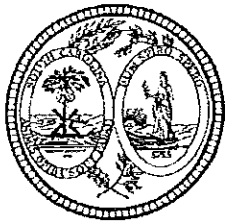
APPLICANT'S OATH

I, Mahone Russell, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

this 9th day of March 2009
Debra J. Feindan
Notary Public
February 25, 2013

Mahone M. Russell
Signature of Applicant
(Not Legal Representative)



Charles L.A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

COMMISSIONERS
Elizabeth B. "Lib" Fleming, Fourth District
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Swain E. Whitfield, At-Large

Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

March 13, 2009

TO: Malzone Russell d/b/a Basic Moving
Post Office Box 10
Ridgeland, SC 29936

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX Failed to Submit Notarized Applicant Representative's Signature on the Statement of Assets and Liabilities

XXX Other: The insurance quote you submitted must be completed and signed by the authorized insurance representative.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)